

BEST PRACTICES INQUIRY

PART I

SWK 668 ADVANCED SOCIAL WORK RESEARCH

ANGELA HIGGINSON

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ABSTRACT

The purpose of the present research is to review, document, and implement best practices when dealing with adoption stability and disruption. The research examines scholarly literature through journal articles, Cabinet for Health and Family Services (CHFS) policy, as well as consumer information gathered through surveys and stakeholder/practitioner data through face-to-face interviews. It will also suggest the need for busy case management, understanding of adoption issues, and the need for early detection signs of disruption.

The survey instrument used for adoptive parents highlights the number of years adoptive parent has been providing services, the age of the child adopted, adoption assistance received, number of children adopted, importance of health and educational issues, as well as obstacles that were encountered during the adoption process. Data was collected from Adoption Support of Kentucky participants over a two-month period.

This research will give CHFS and other state agencies critical insight into working with adoptions and issues that may arise, including adoption disruption. Consequently, children placed in out of home care will achieve permanency and have foster/adoptive parents who are more equipped to deal with adoption issues by recognizing signs of disruption.

Problem Statement

More than 500,000 children are in foster care in the U.S. (Sedlak, 1998). More parents are dealing with issues, such as domestic violence, in which children become a witness to their parents yelling, hitting, or killing each other. In addition, the easy manufacturing of crack and meth has become the drug of the inner city and rural community that destroys the structure of the two-parent and single parent family. Moreover, many families have lost their informal and formal supports that were once in place. The extended family has migrated to areas where job security and a promising financial future are priority leaving those who relied on cheap babysitting, borrowing and bartering, and hustling to fend for themselves with very few skills. Because of the instability of the family, many children find themselves in foster care and longing for a sense of belonging. When a temporary family through fostering cares, loves, and a treat a foster child as their own, long term stability and adoption may occur. According to Richard Barth (2000), there has been an increase in adoption by 85% through foster care.

In 1997, President William Jefferson Clinton signed the Adoption and Safe Families Act into law. This law supported many state agencies who provided services to families and children and mandated accountability on the length of time a child remained in out of home care without achieving permanency through goals of return to parent, adoption, planned permanent living arrangement, emancipation, or relative placement. Many state agencies like CHFS begin to look at the parent's progress within 9 months of the child entering foster care. When the child is out of the home 15 out of 22 months, a decision must be made in regards to the child's permanency, safety, and well-being. Parental rights have been terminated due to the family's inability to work the case plan,

continued drug use, or abandonment while the child is in foster care (no contact). ASFA applauds those state agencies that are able to find permanent placement for children within 23 months of entering out of home care and rewards incentives for the number of adoptions completed. During the 2004-2005 fiscal year, Kentucky was awarded \$1,074,000 in adoption incentives. Agencies can use this incentive money for several things, such as, adoption materials, recruitment information, or to staff adoption positions. In the Purchase Region, CHFS has used money for all three things and currently have two staff employed through Adoption incentives money. The Purchase Region also completed 48 adoptions during the same fiscal year.

The dispiriting side of adoption is often called adoption disruption. This occurs when families complete the adoption process; however, the family is unable to meet the special needs of the child. The special needs may be behavioral, emotional, or physical deficiencies that the child may have. There are many factors, such as age, ethnicity, or # of placements, that contribute to an adoption disruption. Like with an adoption, there are many areas that agency staff must pay special attention to during the adoption disruption. Those areas include the child's needs, adoptive parents' needs, and realistic expectations of both.

Best Practices Inquiry Question

Many parents are dealing with more issues, have lost their informal and formal supports, and TPR occurs more often due to ASFA. With adoption being so prevalent, agency workers must be able to understand adoption and the stages of adoption disruption and then disseminate this to adoptive parents. Adoptive parents want to know the medical history, mental health history, behavioral patterns, and special needs of the

child. In essence, if adoption is necessary, what is the best practice to promote a stable adoption and prevent adoption disruption?

Methodology

The methods used for the present research was conducted through on line journal selection through Ebscohost. The secondary data collected included over 50 published articles that had a clear distinction of issues that discussed adoption, foster care, adoption disruption, and permanency advocacy. In addition, a self-administered survey was developed for adoptive parents who had adopted within the last three years. This survey highlighted areas, such as, years an adoptive parent has serviced the agency, the age of child adopted, adoption assistance, sibling group adoption, physical and emotional health information, as well as information helpful to CHFS practices currently in place. The questions were closed and opened ended, which allowed adoptive parents to answer more freely, if desired. The face-to-face interviews were structured questions conducted with two current CHFS employees, former CHFS Recruitment and Certification supervisor, as well as an outside interviewee who assist in placing children with CHFS through the Children's Review Program based in Lexington, Kentucky.

In addition, IRB or Institutionalized Review Board approval was submitted to CHFS IRB in Frankfort, Kentucky for the purposes of interviewing stakeholders/practitioners as well as completion of consumer surveys. The IRB approval process began in October 2005 and was officially approved January 2006.

Analysis of methodology

The analysis used in this research was the SARS as well as the SPIARS. The SARS is the Study Appraisal Rating system that is used to describe the purpose of the

study, look at the research questions, design and identify consent procedures used. It also looks at the type of study in a research article whether quantitative, qualitative, or both. In addition, each article was given a score based upon the study focus; effectiveness, prevention, assessment & risk, and descriptive (qualitative or quantitative). The SPIARS or Stakeholder/Practitioner Information Appraisal Rating System identified the position, education, specific area of expertise, relationship to agency, and knowledge of research or practice wisdom. The scoring was based on relevance & clarity, practice based, science based and science/practice ratio.

Results

The connection between adoption issues and factors, including age, ethnicity, and # of placements were recurring factors throughout the literature. Barth (1997) looked at those children who entered care under age six and they were reunited with family, adopted, or remained in out of home care. The research concluded that infants were less likely to have more than two placements. In addition, African American children were less likely than White children to be reunified with family or adopted. More importantly, it is considered preferable to place siblings together though 28 % percent of sibling placements may end in disruption (Barth et al, 2001). Berry, Barth, and Needell (1996) write majority of children have lived with their birth parents two or more years before entering out of home care. Those adopted by their foster parents may have emotional issues and are taking prescribed psychotropic medications. Brooks, James, & Barth (2002) emphasized the importance of developing matching policies, identifying potential problems, and considering placing children in similar backgrounds in making successful placements. Research indicates that children 6 to 12 years old have an adoption rate of

almost 10% while those children 12 to 18 years of age have disruption rates of 14%. In this five year study by Barth, Berry, & et al (1988), the adoption rate was 31%. The obvious factors that contributed to the disruption were behavior, emotional, and special needs of children who were older than six years of age.

So, the question still remains, what is the best practice in promoting a stable adoption? The literature creates a picture of adoptive parents who are in their mid 30's and have an average annual income of \$46,000. The adoptive parents' ethnicity is usually Anglo or Caucasian, and many have graduate high school as well as some college education. In many public agencies, there are more single parent adoptions than two parent adoptions (Berry, Barth & Needell, 1996). Many of the two parent families were unable to have children, had experienced failed fertility treatment, had a child that may have died suddenly, or the child was a relative. There were usually more children in the home with public agency adoptive placements than those independent placements. The same research goes on to suggest that in public agency adoptions, people feel compelled by religious reasons to help children, which in turn, may lead to foster/parent adoptions. Many infants were adopted through independent agencies while those infants adopted through public agencies may have had some developmental delay or genetic deficiency. CHFS policy requires adoptive parents to attend and complete a ten week session called MAPP to become familiar with adopting children placed in out of home care. Through this training, prospective adoptive parents are able to come to terms with biases, understand the needs of children in out of home care, and the importance of birth family connections. Prospective adoptive parents become familiar with children placed in public agencies through fostering while some independent adoptions may gain their

information through private attorneys, adoption centers, or prior relationship with a birth parent. More preparatory services are facilitated through public agencies while private agencies have a more positive relationship with the birth parent whose child is usually a voluntary placement. More birth history is known as well as family background, and questions regarding the pregnancy. Children in public agencies that are adopted may often have gaps in family history, usual behaviors, early childhood history, mental illness in family, adverse health of family, child's exposure to drugs, and prenatal history. At the same time, public agency adoptive parents were less likely to have preplacement counseling, read adoption materials, read child's case record, talk with birth parents, or understand the abuse prior to entering foster care. Disruptions occur as a result of adoptive parents' lack of information on the child's psychosocial development, hesitation of child being placed in counseling or remaining in counseling after the adoption, family counseling, and many adoptive parents allow behaviors to monopolize until they seek help. Only 43% of adoptive parents in Berry's research stated they were prepared for their public agency adoptive placement and they expected the child to turn around after the adoption, which did not happen. Adoptive families who adopted infants felt more prepared for the placement, yet, with the age of the child, there were few problems and these infants suffered less abuse than those adopted later in life.

In essence, adoption casework requires more practice skills (Martin, et al., 2002) and more consistency. Case workers must understand adoption issues and practice concurrent planning when applicable. "The lack of early, accurate assessments of parental and child risk factors contribute to inappropriate referrals which may delay permanency or contribute to problems after permanency is achieved". There should be

clear and concise documentation of behavior and other problems during the foster care placement recorded to help guide adoptive placements. Maynard (2005) believes that some kind of permanency mediation can help strengthen birth parent/adoptive parent relationships that can identify problems that may arise with the adoption as well as physical and mental health issues. This research provided a framework of recurring adoption issues, factors associated with adoption/adoption disruption, adoption disruption prevention, ASFA importance, post adoptive services, and the importance of child development. This chart below shows the breakdown of articles described above.

Recurring issues	27 articles
Same Author	5 articles
Factors involved age, ethnic group, placements	20 articles
Adoption disruption prevention	23 articles
ASFA importance	20 articles
Post adoptive services	10 articles
Overview of state agencies	5 articles
Child development importance	15 articles

Many similar themes emerged with the stakeholder/practitioner interviews that were similar to the literature review. A summary of findings included, workers and adoptive parents must understand adoption, understand adoption changes the dynamics of the family, know stages of adoption disruption, understand love may not be enough to

help the child and counseling may help, hold on to informal and formal supports, and treat adoption like a marriage as there will be some good and bad times. In addition, adoptive parents were given surveys and the following themes emerged.

- Consumer results (77%) returned

- Key points included:

- 38% of Adoptive parents felt supported
- 84% of AP received Adoption Assistance
- 17% of AP knew about child's behaviors
- 28% of AP understood CHFS adoption process
- 63% of AP adopted children under 10
- 23% of AP adopted children over 10
- 16% of AP thought about adoption disruption

CHFS policy has several key elements regarding the adoption process. Those are to look at swift process by tracking the time a child enters foster care to achieving permanency, foster adoption transition meetings or preplacement meetings, which helps the family make the decision regarding adoption by understanding the history of the child's physical, mental, and emotional health. CHFS policy also advocates for more early busy work through monthly assessments during home visits, 6 months assessments through a continuous quality assessment (CQA), and documentation of behavioral patterns as well as the need for Adoption Assistance that provides for the special needs of the child.

Critical Appraisal of Results

While many of the articles were rated good to fair according to the Study Appraisal Rating, many of the articles had the same author recurring throughout the research. Richard Barth assisted many of the other researchers in their articles and he was also quoted throughout their research. This gives the reader only one perspective on adoption. In addition, there was a consistent call for the application of understanding the developmental needs of the child and the child's history. Through the research findings, interviews, and surveys, it is essential to document information about the child's behavior, mental health, parent's mental health, and issues that could contribute to a disruption. The scope of research range from the early eighties to the present and was consistent in describing the need for more prepared adoptive families.

Current CHFS policy also calls for better documentation and understanding adoption issues. Kentucky frontline workers are now being prepared through trainings such as Enhancing, Permanency, Safety, and Well-being throughout the state, but more application is needed on the frontline by the workers who cite time as a barrier to achieving all aspects of the training. An ESP refresher may aid frontline workers in understanding the importance adoption and signs of adoption disruption.

Implications for Practice/Recommendations

Public agency workers and adoptive parents must understand adoption, recognize the signs before a problem hard to handle, provide successful matching of adoptive parents to children who meet the parents' expectations, and continually assess the child, adoptive family, and issues that may arise. There should be a closer look at repeat maltreatment cases and help facilitate a goal change as soon as possible, when necessary.

Workers should be concise and clear on the child's issues and provide as much information as possible, especially when it appears an adoption may take place. With CHFS, training sessions can be developed that emphasize the importance of early busy work, understanding adoption, and child developmental stages. Because of the organizational structure, this training would first be disseminated to agency regional office staff, then to management team staff, and then to front line workers. There may be resistance because workers already feel they are behind and underpaid for their work, time to do the early work may continue to be an issue, and the perception of foster parents who have been able to make the day to day decisions for a child and then are told their process is the problem may all be contributing factors to executing a plan to aid in the permanency stability. However, the training session outcomes will be to bring awareness to adoption stability and factors that may aid in adoption disruptions. The training session will also allow workers to think of an adoption case they have where problems have already occurred due to lack of information or documentation. In addition, helping a child achieve permanency with time constraints can be the greatest challenge to a worker, but also the most rewarding.

With adoption being so prevalent, families and case workers must understand adoption and be able to make an unconditional commitment to a waiting child. Children may not attach easily and may experience mental health issues as a result of being placed in out of home care. Yet, it is our jobs as social workers to advocate for the child who needs to be understood and we must be knowledgeable to aid the family in achieving adoption success.

REFERENCES

Berry, M. & Barth, R.. (1999) A study of disrupted adoptive placements of adolescents. *Child Welfare*, 69(3), 209-226.

- Barth, R.P., & Miller, J.M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations* 40(4), 447-456.
- Barth, R.P. (1993). Fiscal issues and stability in special-needs adoptions. *Public Welfare*, 51(3), 21-30.
- Brooks, D., James, S., & Barth, R.P. (2002). Preferred characteristic of children in need of adoption: Is there a demand for available foster children. *Social Service Review*, 576-602.
- Frasch, K.M., Brooks, D., & Barth, R.P. (2000). Openness and contact in foster care adoptions: an eight-year follow-up. *Family Relations*, 49(4) 435-446
- Martin, M.H., Barbee, A.P., Antle, B.F., & Sar, Bibluti. (2002). Expedited permanency planning: Evaluation of the Kentucky adoptions opportunities project. *Child Welfare*, 81, 203-224.
- Maynard, J. (2005). Permanency mediation: A path to open adoption for children in out-of-home care. *Child Welfare* 84, 507-526.
- Sedlak, A. Study findings. Study of the national incidence of prevalence of child abuse and neglect.